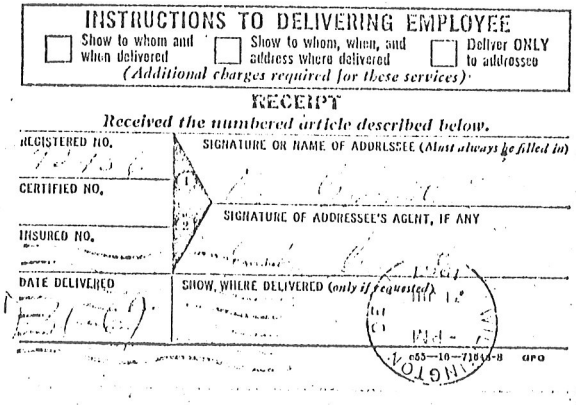

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and when delivered ☐ Show to whom, when, and address where delivered ☐ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO.

INSURED NO.

SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW, WHERE DELIVERED (*only if requested*)

65—10—73814-8 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $100

POSTMARK OF DELIVERING OFFICE

INSTRUCTIONS. Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and fold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED*.

RETURN TO

NAME OF SENDER

William R. Martin

STREET AND NO. OR P.O. BOX

111 Lowerline, St.

POST OFFICE, STATE, AND ZIP CODE

New Orleans, La.

POD Form 3811 Oct. 1965

C&S—10—71548-8